organizational needs assessment

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन
NHM Punjab

Organizational Needs Assessment

Punjab

2014
Department of Health & Family Welfare
Punjab

Organizational Needs Assessement

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Punjab

Organizatuional Needs Assessemnts: Punjab

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Key Contributors

FHI360 India Office

Subrato Kumar Mondal

IMRB International:

AV Surya
Devasish Deshpandey
Tarun Goel

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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome	**LHV**	Lady Health Visitor
ANC	Antenatal Care	**M&E**	Monitoring and Evaluation
ANM	Auxiliary Nurse Midwife	**MCH**	Maternal and Child Health
AS	Additional Secretary	**MD**	Mission Director
ASHA	Accredited Social Health Activist	**MMEO**	Mass Media and Education Officers
BCC	Behavior Change Communication	**MOHFW**	Ministry of Health and Family Welfare
BEE	Block Extension Educator Officer	**MPHW**	Multi-Purpose Health Worker
DFWO	District Family Welfare Officer	**NGO**	Non-Government Organisation
DHS	Directorate of Health Services	**NHM**	National Health Mission
DMEIO	District Media Education and Information Officer	**NRHM**	National Rural Health Mission
DMMO	District Mass Media Officer	**PHC**	Primary Health Center
DyMEIO	Deputy Media Education and Information Officer	**PIP**	Program Implementation Plan
FLW	Front Line Worker	**PNC**	Post Natal Care
HIV	Human Immunodeficiency Virus	**RCH**	Reproductive and Child Health
FP	Family Planning	**RMNCH+A**	Reproductive, Maternal, Newborn, Child, and Adolescent Health
HR	Human Resource	**RTI**	Right To Information
IDSP	Integrated Disease Surviellance Program	**SBCC**	Social and Behavior Change Communication
IEC	Information, Education, Communication	**SMO**	Senior Medical Officer
IHBP	Improving Healthy Behaviors Program	**TA**	Technical Assistance
IPC	Interpersonal Communication	**TB**	Tuberculosis
JD	Job Description		

Executive Summary

Punjab State

Punjab, the land of five rivers, has land with prosperity. The plains of Punjab, with their fertile soil and abundant water supply, are naturally suited to be the breadbasket for India. The land of Punjab is a land of exciting culture. The state has achieved tremendous growth over the years due to the success of the Green Revolution in the early 70s. For a major period in the second half of the 20th century, Punjab led the other states in India to achieve self-sufficiency in crop production. The current state of Punjab was formed in 1966, the state was organized into three smaller states - Punjab, Haryana and Himachal Pradesh

Introduction

Social and behavior change communnication (SBCC) is the systematic applicaton of interactive, theory-based, and research-driven communication processes and strategies aimed at influencing change at the individuals, community, and social levels[1]. SBCC empowers and motivates individuals and communities to take health related decisions and play a proactive role in enhancing health status.

SBCC helps information, education, and communication (IEC) staff to understand the dynamics of health issues in terms of:

- Cause of health issues and their preventive measures
- Health-related behavior
- Sociocultural values

SBCC strategies for the Punjab state are planned with the following objective: To bridge critical gaps between health services and the targeted beneficiaries with special emphasis on positive health seeking behavior of the community as well as the behavior of service providers. This is achieved through effective SBCC tools varying from conventional interpersonal communication (IPC) methods to high profile multimedia strategies. For successful implementation of program, stakeholder analysis and gaining the support of stakeholders is important.

Objective of the Study

The key objective of the study was:

- To conduct a gap analysis with IEC staff at all levels, starting from the IEC state level officials to the on-ground outreach staff in Punjab.

[1] C-Change. 2012. C-Modules: A Learning Package for Social and Behavior Change Communication (SBCC). Washington, DC: C-Change/FHI 360.

Given this overarching aim, the specific objectives and areas of inquiry for the study were determined as follows:

- Comparing the job descriptions of staff to the actual activities performed by them
- Understanding how communication was managed at different levels, from conceiving the plans through implementation and monitoring
- Assessing the capacity of the staff at different levels
- Estimating time spent by staff on different activities
- Understanding implementation bottlenecks
- Understanding the training needs of the staff at different levels

Sample Size and Coverage

A total sample of 240 households in 10 districts were covered. In addition, the study team conducted 30 interviews with district level officials, 20 interviews with block levels officials, and 60 interviews with the front line workers from 10 districts.

Geographical Coverage

A total of 10 districts were selected for the study among which five districts were priority districts and the remaining five were non-priority districts. From each district, two blocks were selected for a total of 20 blocks in 10 districts.

Sampling Methodology

In each district, two blocks were selected where the interviews of various officials like the Senior Medical Officer (SMO), Block Extension Educator Officer (BEE) and front line workers (specifically accredited social health activists [ASHAs]) were held. The study team identified the catchment area of each ASHA[2]. Each catchment area was then divided into clusters and from each cluster; eight households were selected applying the right hand rule. According to this right hand rule, from the center point of the cluster, moving towards right, every 3rd household that fulfilled the following criteria was selected:

- Family had been living in the current village for more than one year
- Family had a child at least one years old at home

[2] This catchment area consisted of one village in some blocks and more than one village in other blocks.

Only households that fulfilled these two criteria were selected. The rest were skipped.

Among the selected eight households, the study team conducted interviews with the male member[3] in four households and interviewed the female member[2] in the remaining four households.

Similarly, with the selection of eight households in each cluster, a total 30 clusters were made in 10 districts in order to cover a total household sample of 240. Among these 240, 120 male interviews and 120 female interviews were conducted. Similarly these interviews also had an equal ratio among the high priority and non-high priority districts as well.

Key Findings

Development Process

- **Development Process:**
  - A core committee was constituted in August 2013 to enable better coordination among the various staff working for IEC/BCC activities in Punjab state
  - Every program office (Tuberculosis [TB], Leprosy, IEC etc.) take a sense of the situation of their respective areas in terms of actual achievements against the estimated targets and how much they would like the state to reach and presents their ideas to the core-group for approval
  - This information feeds into the behavior change communication (BCC) road map, which guides program implementation in the state

- **Identification of Crucial Areas:**
  - Integrated Disease Surveillance Project (IDSP) initiates activities and ensures coordination
  - Advocacy workshops are conducted
  - Most activities at the state level are based on direction received from the Secretary of the Department of Health and Family Welfare

[3] The study team interviewed the family member that fell within the reproductive age group of 18 to 49 years.

Coordination among Directorate of Health Services (DHS) and National Health Mission (NHM)

NHM has appointed BCC facilitators at the state and district levels. DHS, on the other hand, has appointed Mass Media and Education Officers (MMEO) at both the district as well as the state levels to manage the entire SBCC program. Both structures run in parallel. The District BCC Facilitator reports to the State BCC Facilitator. Similarly, the District MMEO reports to the State MMEO.

When it comes to parallel coordination, the District MMEO and the District BCC Facilitator work in close coordination with each other. Also, in the absence of the MMEO, the BCC Facilitator takes charge and performs the activities of both the designations and coordinates with BEEs to implement the SBCC activities.

Understanding Roles and Responsibilities

The implementation of SBCC activities follows a layered approach, with strategy and action plans being decided at the state level (and sometimes at the central level for broader issues). District officers participate in the preparation of action plans. Districts act as a conduit and coordinate the implementation of on-the-ground activities and distribution of resources. The further one moves down the ladder, SBCC activities become part of overall program responsibilities.

It was observed that almost all the SBCC officials at district and block levels were well aware of their roles and responsibilities and performed them on a daily basis. Coordinating with parallel staff appointed for SBCC is mandatory and a part of their job descriptions (JD).

Additional Observations

It was also observed that even if staff were aware of their roles and responsibilities and had been provided with a calendar of SBCC activities, they could only implement activities when instructions were provided by the state office. Without such instructions, neither the district nor the block officials could implement the activity.

The state office provides hard copies of communication materials and allocates a separate budget to the district if the distruct must print materials. The district forwards materials to the block offices, where they are collected by frontline workers (FLWs) for organizing campaigns or events.

Targets for FLWs are only program based. Since SBCC is a cross cutting theme that acts as a support for achieving the health indicator, its targets are linked with the programs itself. Hence, no specific targets are set for the SBCC campaigns or activities.

On-the-Ground Implementation

Since SBCC is a major part of their roles and responsibilities, a majority of staff reported spending more than half of their time on these activities, disseminating messages on topics including maternal and child health (MCH) services, family planning (FP), HIV/AIDS and various health schemes.

When asked about whether other program activities get hampered due to the SBCC work load, a majority of staff said no, since SBCC is their primary activity.

Coordination across Levels

Coordination across various institutional levels happens at various stages and during various activities listed below:

- Planning process (preparation of program implementation plans [PIPs])
- Trainings
- Designing and printing of communication materials
- Organizing of public events
- Monitoring and assessment of activities

Monitoring and Evaluation (M&E)

Currently, there is no sustained or systematic monitoring happening at the ground level. As reported by the FLWs, the block officers do make regular visits to the field to check the field work and monitor the FLWs. However, a thorough field survey is not done and no further actions are being taken based on the findings derived from M&E.

Human Resources (HR)

The staffing dedicated for SBCC activities at state and district levels is quite elaborate.

While interviewing with the officials at various levels during the field work, it was observed that in a few districts and blocks, a few positions have either not been filled yet or the designated person has been either transferred or has resigned due

to various reasons. In such cases, Lady Health Visitors (LHV) or their equivalents have been assigned to perform SBCC activities as well. In some districts, even the BEE has been assigned tasks of the District Media Education and Information Officer (DMEIO) from some other district.

Due to this, other roles and responsibilities of the officiating officer gets hampered due to SBCC activities burden. Whereas, in one of the districts, there was no SBCC facilitator or District Mass Media Officer (DMMO) in place, due to which the LHV has to take care of the tasks for both the positions.

SBCC Training Needs

Program-based training was noted to be a regular activity in all districts. The last training specifically on SBCC took place in May 2014, conducted by IHBP.

Need for Additional Training

Almost all stakeholders at various levels including the district, block and FLWs expressed a need for further SBCC training. FLWs mentioned that they require frequent trainings on all aspects SBCC activities. Some of them also expressed the need for training on program topics, the launch of new schemes, and changes in current activities.

Feedback from Household Respondents

In order to understand the reach of communication and quality of interaction with the front line workers, the community household perspective was gathered. Hence, few observations are mentioned as follows:

- More than 65% of respondents mentioned television as as the most easily accessible mode of communication, followed by mobile phones.
- More than 80% of respondents also mentioned television and mobile phones as the most preferred channels for receiving messages about programs and services.
- More than half of respondents mentioned seeing health-related SBCC messages on bus stands.
- Another 40% of respondents said that health messages were conveyed at various places in the village like bus stops, public toilets, parks, public meeting points etc.
- Approximately 80% of respondents reported that the messages they had received through the inter-personal and group counseling communication were related to MCH services.

- Approximately 66% of respondents mentioned that the messages conveyed to them were understandable, whereas the remaining two thirds said that the messages were not very clear and were hard to understand.
- One of the major reasons cited for lack of clarity was that in some districts, the communication materials provided to FLWs were printed in either English or in Hindi instead of the local language.

Conclusion

- Regular coordination between all levels and established means of feedback are not consistent.
- Program-related trainings are being conducted regularly, but SBCC-specific trainings are insufficient in terms of frequency.
- SBCC as a cross-cutting issue is a priority for all staff at various levels. At the ground level, ASHAs and auxiliary nurse midwives (ANMs) are playing a major role in implementing SBCC activities
- While SBCC monitoring is consistent, it is limited to output indicators. SBCC impact and outcomes are only assessed through overall program indicators.

Recommendations

State Level

- The following HR issues should be prioritized:
    - Increased compensation for contractual designations like District BCC Facilitators could improve retention of staff.
- Creative work can be outsourced to specialised teams who can follow the scientific process and incorporate pre-testing findings for maximum impact.
- The continuum of SBCC activities should be ensured with reinforcement of existing events based on thematic activities. Along with the programme level activities which are being held on regular basis, there is a need to have the same schedule of regular activities for IEC as well.
- Media activities, and especially mid and mass media, should be expanded, given that more than 90% and 85% of the households surveyed access mobile phones and televisions on a daily basis, respectively.
- There is a need for meaningful inpersonal communication and counselling and dialog and not jsut message dissemination

District Level

- The rationalization of duties of existing district-level staff may prove beneficial. One district level dedicated staff person from the existing cadre can be fully responsible for tracking and monitoring all SBCC activities.

- Regular feedback from block and FLWs should be gathered through seminars and workshops for framing of communication messages based on local needs.
- Meetings with DMMOs and BCC Facilitators need to be conducted regularly. Currently, they are operating independently and working in parallel.

Ground Level

- The availability and adequacy of the communication materials along with its effective use at the ground level should be checked on a regular basis.
- Trainings focusing on communication-related issues should also be provided to the staff, especially at the ground level.
- Dedicated staff working on SBCC activities at Block and District levels would be immensely helpful.


ਸ. ਸੁਖਬੀਰ ਸਿੰਘ ਬਾਦਲ
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ਸ. ਪਰਕਾਸ਼ ਸਿੰਘ ਬਾਦਲ
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NATIONAL RURAL HEALTH MISSION
ਨੈਸ਼ਨਲ ਰੂਰਲ ਮਿਸ਼ਨ


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ਪੰਜਾਬ ਸਰਕਾਰ

CHAPTER 1: INTRODUCTION TO THE STUDY

1.1 Punjab State

Punjab, the land of five rivers, has land with prosperity. The plains of Punjab, with their fertile soil and abundant water supply, are naturally suited to be the breadbasket for India. The land of Punjab is a land of exciting culture. The state has achieved tremendous growth over the years due to the success of the Green Revolution in the early 70s. For a major period in the second half of the 20th century, Punjab led the other states in India to achieve self-sufficiency in crop production. The current state of Punjab was formed in 1966, the state was organized into three smaller states - Punjab, Haryana and Himachal Pradesh

1.2 Background

SBCC is the systematic applicaton of interactive, theory-based, and research-driven communication processes and strategies aimed at influencing change at the individuals, community, and social levels[4]. SBCC empowers and motivates individuals and communities to take health related decisions and play a proactive role in enhancing health status.

SBCC helps IEC staff to understand the dynamics of health issues in terms of:

- Cause of health issues and its preventive measures
- Health-related behavior
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SBCC strategies for the Punjab state are planned with the following objective: To bridge critical gaps between the health services and the targeted beneficiaries with special emphasis on positive health seeking behavior of the community as well as the behavior of service providers. This is achieved through effective SBCC tools varying from conventional IPC methods to high profile multimedia strategies. For successful implementation of programs, stakeholder analysis and gaining the support of stakeholders is important.

1.3 IHBP in Punjab

The launch of Reproductive, Maternal, Newborn, and Child Health plus Adolescents (RMNCH+A) in 2012, as a part of India's Call to Action on MCH, facilitated the entry

[4] C-Change. 2012. C-Modules: A Learning Package for Social and Behavior Change Communication (SBCC). Washington, DC: C-Change/FHI 360.

of development partners in the state of Punjab, as a part of the mandate to provide intensive support to high priority districts for improved MCH outcomes. On September 19, 2013, Punjab organized the state RMNCH+A consultation led by the Additional Secretary (AS) & Mission Director (MD) of MOHFW, during which USAID and its partners were given responsibility for working with the state to provide technical support for RMNCH+A. IHBP was invited to support the state on health communication under RMNCH+A.

Subsequently, a team of IHBP personnel visited Chandigarh, Punjab to discuss the development of a framework to build state's capacity to plan and implement communication programs and utilize IHBP and MOHFW SBCC materials. Based on a series of meetings with the state officials and programme implementers, IHBP developed a state TA plan and a workplan. The state formally requested IHBP's TA for SBCC capabity building and M&E on September 29, 2012.

Focusing and Designing Communication Strategies

IHBP assessed the IEC division's approach to designing their state communication programs, including selection of target audiences; whether or not they use specific, measurable, attainable, results-focused, and time-bound (SMART) objectives that address barriers to change or that seek to influence different levels of problem; and whether or not they have a coordinated approach to channel efforts and strategies for campaign development.

The Punjab IEC division scored 17 out of 28 possible points for designing communication strategies on IHBP's SBCC capacity assessment. This score and the findings suggested that the state IEC division designs communication materials in house but lacked strategies for its communication programs and did not adequately segment and target audiences. The State IEC division has been using more than one communication channel to reach audiences, but the Punjab communication strategy lacks coordination to link all strategies and channels together for campaign development. Currently, the process of conceptualizing and planning for SBCC is done through a brain storming process involving technical experts, program officers, media experts, and the Directors in the Directorate. This group determines the issues to be addressed and activities to be implemented. The creative part of designing the communication materials is outsourced to communication experts and in turn to commercial agencies, which are empanelled by the Department of Public Relations (DPR) and the government.

Creating Intervention Materials for Change

IHBP assessed the state's capacity to develop campaign materials. The main aim was to understand if the state IEC division designs materials that evoke emotion and motivate audiences. The team also aimed to assess whether or not the developed materials are reviewed by a technical team and whether they are pretested. The assessment score for this indicator in Punjab was 7 out of 16 possible points. The Punjab IEC division does not follow a systematic process to develop the content of communication materials such as doing inventory of existing materials, writing creative briefs, conducting audience consultations, conducting concept testing and pre-testing materials.

Communication materials are reviewed by the technical team before implementation. Currently the content for SBCC materials is provided by the Program Officers of the respective programs (e.g. Janani Suraksha Yojana, Janani Shishu Suraksha Karyakram, and Adolescent Reproductive and Sexual Health) and submitted to the Program Officers, The Director, and the Secretary for approval. Once modified based on their feedback, the materials are finalized and a basic plan for implementation is prepared. One of the key weaknesses revealed by the assessment is that the materials are never pre-tested with members of the target audience for relevance, comprehension, and appeal.

Implementation

IHBP also assessed the Punjab IEC division's capacity to properly use available resources to accomplish communication goals. Indicators assessed included whether or not they develop work plans for communication; whether or not they coordinate with other programs during implementation; and their capacity to develop detailed and accurate budgets for the communication activities. The Punjab IEC divisions scored 17 out of 39 possible points for implementation of its campaign strategy. The IEC division does develop workplans by assigning responsibilities and by developing timeframes, but there is no system in place to coordinate with other programs for the implementation of the campaigns.

The assessment also revealed that IEC division staff do not have the capacity to manage and implement communication programs due to lack of adequate resources and infrastructure to support them, nor do they have any capacity strengthening plan in place. One of the drawbacks of the implementation was that programs are not supervised and the distribution of communication materials to field staff is not consistent. Currently, the implementation of the materials is done in consultation with the Program Officers. The media channels (TV and radio) are also consulted

before planning for transmission or telecast of the communication materials. The district BCC Facilitators and the ANMs are responsible for distribution of the SBCC materials at the health facility level. They are also held responsible for the proper inter-personal communication with the community household in order to ensure the effective delivery of the message. The ANMs certify the receipt of the materials. There is no mechanism for monitoring of the correct display and use of SBCC materials; neither has any evaluation been carried out so far to assess the reach and impact of the materials used.


DENGUE AW
DAY


ਮੋਗਾ ਨੂੰ ਪਧਾਰ ਰਹੇ ਹੋ!
ਐਹ ਮੱਛਰ ਦਿਨ ਵੇਲੇ ਕੱਟਦਾ ਹੈ।

1.4 Need for the Study

Baseline Survey

An assessment was conducted by IHBP in July 2014 to assss SBCC activities and understand the management of communication activities in 8 states of India. It was felt that understanding of SBCC processes on a comparative note with baseline data and information would help to demonstrate the progress made by respective states and further identify need areas for intervention by development partners. It would also help IHBP to revitalize their strategy mid-course for supporting the states.

Rationale for the Current Study

The MOHFW administers a large number of national health programs such as the Malaria Control Program, the Blindness Control Program, the National AIDS Control Program, and the Reproductive and Child Health (RCH) Program. However, effective management of these programs has sometimes come under scrutiny, as these programs consume a large amount of resources. As health is a state government subject in India, it is necessary to assess the capacity of the IEC department in each state, particularly in rolling out health communication campaigns, which require a lot of funding.

As per the request of the Government of Punjab, IHBP conducted an organizational needs assessment of the IEC cell. The scope of work included interviews with state, district and block level communication officers as well as a few few frontline health workers. A major component of the study was to also get the feedback from the community households on the IEC/BCC received by them. The findings of the study will be helpful for identifying key gaps in communication activities in the state and capacity strengthening needs. Punjab requires a more in-depth understanding of the present situation, including the identification of bottlenecks, key gap areas, and training needs at all levels, including on-the-ground outreach workers. Punjab has 22 districts, of which six (Muktsar, Mansa, Barnala, Sangrur, Pathankot, and Gurdaspur) have been identified as high priority districts for improving health indicators such as the Infant Mortality Rate (and the Maternal Mortality Rate.

1.5 Objective of the Study

The key objective of the study was:

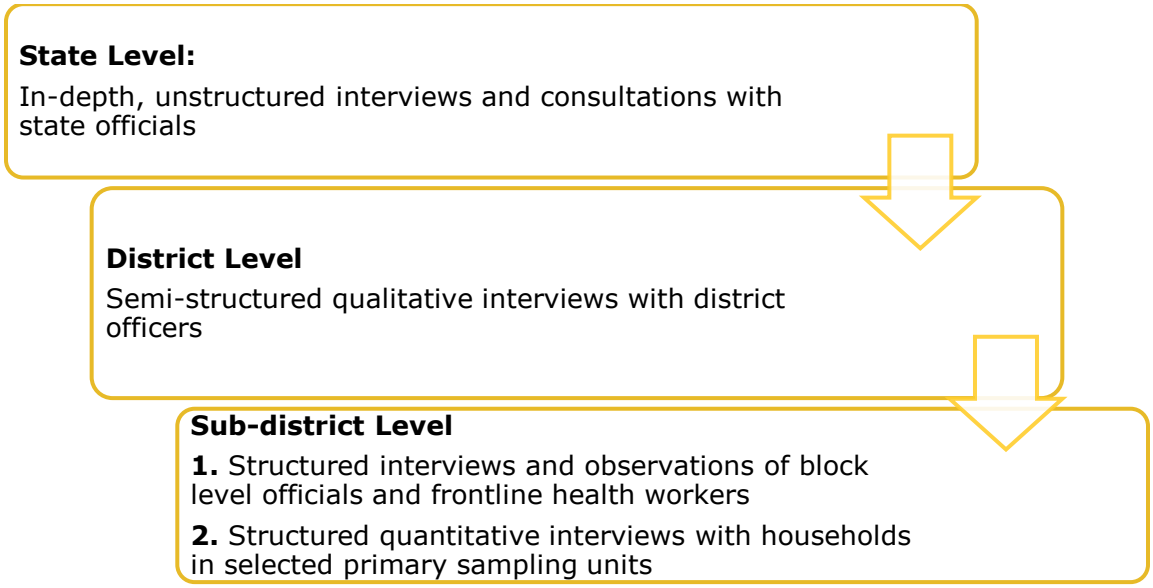
- To conduct a gap analysis of IEC staff at all levels starting from the IEC state level officials to the on-ground outreach staff in Punjab.

Given this overarching aim, the specific objectives, and areas of inquiry for the study were determined as follows:

- Comparing the job descriptions of staff to the actual activities performed by them
- Understanding how communication is being managed at different levels, from conceiving SBCC plans to implementation and monitoring
- Assessing the capacity of the staff at different levels
- Estimating the time spent by staff on different activities
- Understanding implementation bottlenecks
- Understanding training needs of the staff at different levels

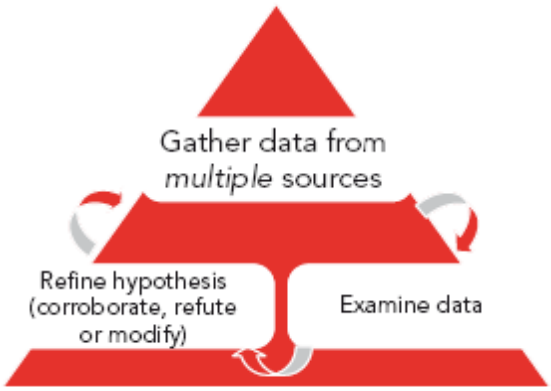
1.6 Study Design and Methodology

The following diagram illustrates the broad design adopted for the achievement of the stated objectives of the study.



1.6.1 Methodology and Target Groups

The methodology of the study comprised two key components, each of which is briefly described here:



- Quantitative
- Qualitative

Quantitative: This component included a detailed pre-coded interview covering major information areas. This questionnaire was administered with the people involved in ground-level implementation of the communication program. Therefore, in this study, quantitative interviews were conducted with:

- Block level officials
- Front Line Workers
  - ASHAs
  - ANMs
  - MPHWs
- Household Members

Qualitative: Under the qualitative component, semi-structured and unstructured interviews were conducted which sought to explore the underlying factors along with estimating key indicators. This questionnaire used some pre-coded questions along with qualitative open-ended probing. The decision makers and creators of SBCC plans were interviewed using this methodology. Thus core SBCC staff at the district as well as the state level were included in this segment of the research. The study included the following personnel for this component:

- State Level
  - BCC Facilitator - NHM
  - State Mass Media Education Officer – DHS

- District Level
  - Civil Surgeon/ Chief Medical Officer
  - Mass Media Officer/Media Information and Education Officer – DHS
  - BCC Facilitator – NHM

1.6.2 Geographical Coverage

A total of 10 districts and 20 blocks were covered in the study. The detailed coverage of geographic area is shown in the table below:

Table 1 : Geographical coverage

State of Punjab			
Districts		**Blocks**	**Catchments**
Pathankot	***High Priority***	2	3
Gurdaspur	***High Priority***	2	3
Mansa	***High Priority***	2	3
Mukhtsar	***High Priority***	2	3
Sangrur	***High Priority***	2	3
Nawanshahr		2	3
Patiala		2	3
Ludhiana		2	3
Kapurtala		2	3
Hoshiarpur		2	3
	Total	20	30

As shown in the table above, 10 districts equally divided into five high priority and five non-high priority districts were covered in the study. From each district, two blocks were selected. In order to cover the 30 catchment areas in a total of 10 districts, a total of 27 villages were covered.

1.6.3 Sample Size and Distribution

The sample for the study across each target group is given in the following table:

Table 2 : Category-wise sample for the study

Categories of Respondents	Per district	Total sample for 10 districts
District Level		
Civil Surgeons	1	10
DMMOs	1	10
District BCC Facilitators	1	10
Block Level		
SMO (or equivalent)	2	20
BEE (or equivalent)	2	20
Village Level		
ASHA	2	20
ANM	2	20
MPHW	2	20
Households	24	240
Total	37	370

1.6.4 Sampling methodology

The following methodology was used for identification and selection of the respondents interviewed during the study:

- The districts for the study were selected purposively in consultation with the Government of Punjab based on priority of the districts in the state IEC mechanism as well as comparability and representation of the different sociocultural and geographical regions in the state.

- In each district, two blocks were purposively selected for interviews of officials like SMOs BEEs and FLWs.

- The catchment areas of ASHAs were identified during interviews[5].

- Each catchment area was then divided into clusters and from each cluster, eight households were selected applying the right hand rule. According to this right hand rule, from the center point of the cluster, moving towards right, every third household that fulfilled the following criteria was selected:

  - ✖ Family had been living in the current village for more than one year
  - ✖ Family had a child at least one year old at home

  Only households that fulfilled these two criteria were selected. The rest were skipped.

- Among the selected eight households, the study team conducted interviews with the male member[6] in four households and interviews with the female member[2] in the remaining four households.

- With the selection of eight households in each cluster, a total 30 clusters were made in 10 districts in order to cover a total household sample of 240. Among these 240, male interviews and female interviews are 120 each. Similarly these interviews also have an equal ratio among the high priority and non-high priority districts as well.

1.7 Data Collection

Researchers used semi-structured questionnaires to probe and comprehend the vision, views, and involvement of different categories of respondents who had been associated with the campaign. Since the study focused on understanding the processes followed during development and roll-out of campaigns, the research sought to explore the subject beyond the stated questions in the tool. Another reason behind choosing a semi-structured approach was to enable detailed understanding of perspectives of stakeholders from different domains.

Similarly, detailed, structured questionnaires were used for quantitative component of the study in order to maintain the flow of information and to quantify the responses received.

[5]This catchment area consisted of one village in some blocks and more than one village in other blocks.
[6] The study team interviewed the family member that fell within the reproductive age group of 18 to 49 years.

1.7.1 Quality control

Interviews were audio recorded and notes were taken by the research team. All interviews were conducted in official settings in the presence of only the research team to ensure privacy and confidentiality of information and data.

1.7.2 Ethical considerations

Before interviews, informed consent for voluntary participation was sought from the respondents. The study requested permission to audio record the interview and take notes after obtaining voluntary consent.

CHAPTER 2: FINDINGS and DISCUSSIONS (Supply Side)

This chapter will seek to briefly present the key findings from the study. The findings reported in this chapter are restricted to the understanding of the processes and current capacities of the state SBCC framework, which is to say, the supply side of the mechanism. Feedback from the recipients and some key findings from the ground are reported in the subsequent chapters.

2.1 Communication Development Process

The broader SBCC needs and goals framework include the following:

- **Needs:** Lack of awareness and understanding of critical health issues and socio-ecological framework for various factors that impact behavioural change leads to apathy and inaction on the part of households and communities

- **Inputs:** The health system develops communication campaigns specific to local and state needs

- **Outputs:** The campaign reaches audiences in a variety of ways and is understood

- **Outcome:** Changes in household knowledge, attitudes, efficacy, norms and other behavioural determinants are achieved, leading to better practices

- **Impact:** Overall health indicators improve across core areas including disease reduction and improved MCH

- **Long term goal:** Movement towards universal best health practices and uptake of health services

Given the macro nature of these needs and approach, yearly development and decision making for SBCC activities takes place at the state level. A centralized approach is followed whereby the state department of health and family welfare prepares a calendar for the trainings and SBCC campaigns to be held during the year. The process of planning and developing the communication goals and activities at the state level are briefly described here.

Development Process

A core committee for SBCC related work in the state was constituted by the apparatus in the state of Punjab in August 2013 in order to enable a better coordination at all levels. The committee is chaired by the Mission Director, NHM for Punjab and members of this core committee are as follows:

- Managing Director – Chairperson

Members

- IEC Experts
- Program Managers
- Senior Doctors of Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh
- Professors of School of Public Health

The heads of various program divisions like the Rural National Tuberculosis Control Program, National Vector Bourne Disease Control Program, Leprosy, IEC etc. prepare a detailed plan of priorities and activities to carry out in entire state of Punjab during the year. These plans are presented to and approved by the core committee. They feed into a roadmap for the implementation of SBCC activities during the coming year.

Process of Identification of the Themes

The IDSP division initiates the activities of various programs after getting the approval from core committee. In case of an alternate decision of core committee, advocacy workshops are conducted. Activities conducted at the state level, are mostly on the basis of instructions received from the Secretary, Department of Health and Family Welfare, Government of Punjab.

Preparation of State Program Implementation Plan

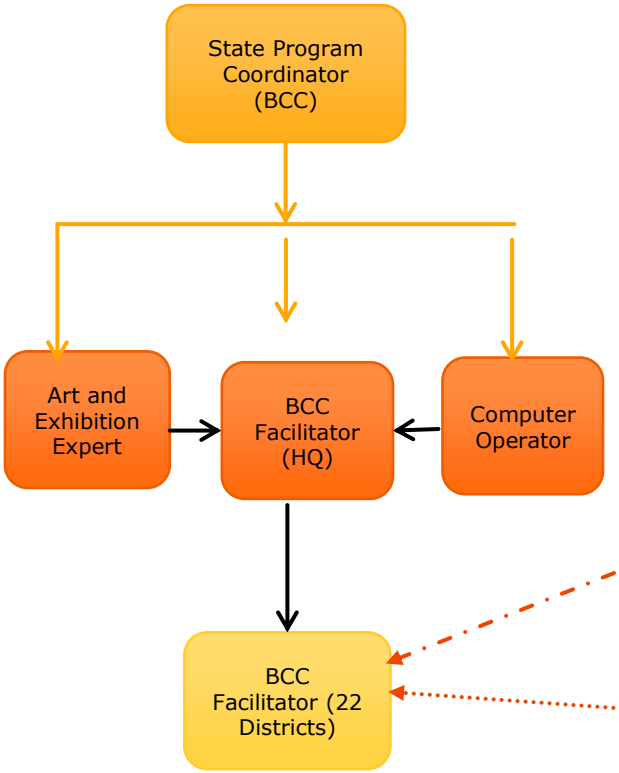
District officials like the District Health Officer, District Information Officer, District Family Welfare Officer (DFWO), District Program Manager of various program components and medical doctors/epidemiologists are invited for the preparation of State Project Implementation Plan (State PIP). They participate in an additional two-day workshop on the preparation of the district PIP. This workshop is coordinated by the NHM of Punjab state. The State PIP showcases the list of activities and the compiled strategies of program components that are scheduled to be implemented during the year. These strategies and activities are also supported with an implementation budget. Compilation of all of this information together forms a comprehensive State PIP document. This PIP is further sent to the central MOHFW for review and approval[7]. A detailed calendar is then prepared for the activities that are to be done for the coming year. For the activities that do not get immediate approval, but need to be implemented, support is sought from the non-funded activities or through the funding from either civil hospitals or NGOs.

[7] An approximate of around 3-4 months are consumed in order to complete the entire process of PIP approval

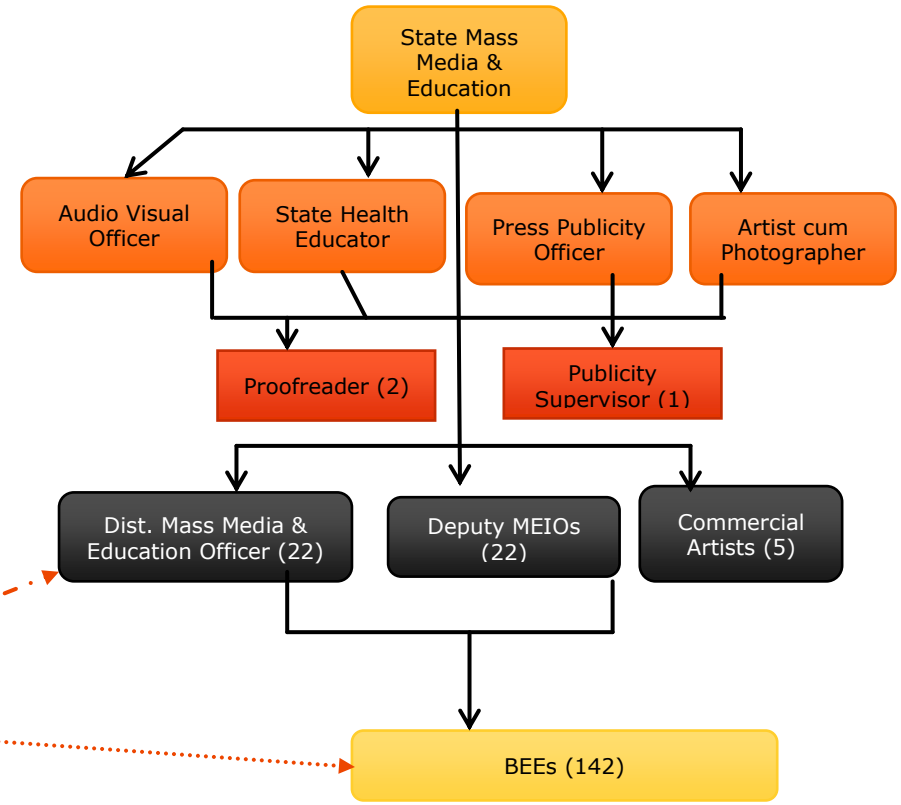
2.2 Coordination among District Health Services (DHS) and National Health Mission

In Punjab, the two parallel structures, the NHM and the DHS, have different architectures for SBCC activities at the district level which operate in parallel. The staff structure for both the divisions is shown below:

IEC - BCC staff structure at NHM



IEC - BCC staff structure at Health Department



NHM has appointed BCC Facilitators both at the state and district levels. Under DHS, Mass Media and Education officers (MMEO) are appointed at both the district as well as the state levels to take care of the entire SBCC program. Both structures run in parallel, whereby the District BCC Facilitator reports to the State BCC Facilitator. Similarly, the District MMEO reports to the State MMEO.

At the district level, the District MMEO and District BCC Facilitator work in close collaboration with each other. In the absence of the MMEO, the BCC Facilitator takes charge and performs the activities of both the designations. In the absence of MMEO, BCC facilitator coordinates with BEE to implement the IEC activities at the block level.

2.3 Understanding the Roles and Responsibilities

The functioning of the SBCC activities follows a layered approach with strategy and action plans being decided at the state level (and at times at the central level for broader issues), with the inclusion of district officers in plan preparation. Districts coordinate the implementation of on-the-ground activities and distribute resources. The further one moves down the ladder, SBCC activities become part of overall responsibility areas.

Almost all IEC/BCC officials at district and block levels are aware of their roles and responsibilities and perform them on a daily basis. Coordination with parallel staff appointed for SBCC is also mandatory and a part of their JDs.

The following tables show the JDs of the DMMO, the District BCC Facilitator and the BEE in order to understand whether or not these officials in place are performing the same functions. A mapping exercise was conducted to understand how these jobs are being undertaken and completed on a regular basis:

2.3.1. District Mass Media Officer

Table 3 : Job Description of DMMO

Actual JD	Performance status
Plan SBCC activities and distribute budgets to all the primary health centers (PHC)/civil hospital/ dispensaries in the district.	Yes
With the help of medical/paramedical staff, organize meetings at the district level for national health programs (TB, Malaria, Dengue, RCH, MCH, National Rural Health Mission [NRHM], HIV/AIDS, Drug De-addiction, safe drinking water, water borne diseases, etc).	Yes
Ensure press coverage of health and family welfare programs through print and electronic media like newspapers, posters, pamphlets, and hand bills.	Yes
Arrange interviews with TV channels on special days: World Population Day, World AIDS Day, World TB Day, etc. any other health related issues for the civil surgeon for Director Health Service, MOHFW.	Not conclusive. There was no mention of interviews with TV channels during our conversation
Assist the DFWO to conduct training for medical/paramedical staff in RCH/NRHM/ASHA workers/Family Welfare/MCH/ programs at the district levels.	Yes
Supervise all SBCC activities implemented by SMO/BEE and Deputy Media Education and Information Officer (DyMEIO) at the District Level.	Yes
Any other duties assigned	Yes

It was observed that in almost all the districts covered in the study, most of the DMMOs are well aware of their roles and are performing them on a daily basis. They also mentioned working in close coordination with the District BCC facilitator to carry out the SBCC activities. Only a set of activities which involved the coordination with the TV channels to arrange for the interview of Civil Surgeon on special days like World Population Day, World AIDS Day, World TB Day etc. were not mentioned clearly during the interviews. All other coordinating and supervisory roles along with implementation related activities were found to be regularly conducted by the interviewed staff members in this designation.

2.3.2. District BCC Facilitator

Table 4 : Job Description of District BCC Facilitator

Actual JD	Performance status
Assist District Program coordinator to effectively implement activities related to awareness generation, mass communication and SBCC at the district level	Yes
Coordinate with Mass Media Wing/SPMU[8]-NRHM regarding activities related to SBCC	Yes, they coordinate with DMMO at district level
Provide technical support for production of mass communication material like pamphlets, posters, flipbooks, advertisements and other publicity material	Yes. Some BCC Facilitators are more active than others in this area.
Carry out need assessment to provide training on SBCC activities	Yes
Visit the field institutions for implementing SBCC activities	Yes
Assist in assessing the effectiveness of communication/creative strategies and program objectives of NRHM	This is not done in a planned manner. Tour reports are made, and sometimes data are checked. No further action is taken on the basis of data.
Any other duties assigned	In few districts right to information (RTI) activities are also carried out by the BCC facilitator.

District BCC Facilitators were performing their roles quite well and spent almost all their time on SBCC activities. Though in some districts, it was found that instead of BCC Facilitator, a LHV is performing the duties. In such cases, the SBCC activities presented a burden for them and their other routine (programmatic) activities get hampered because of this. However this was found to be an exception rather than the norm.

"Yes. The day we have to do the activity for events, our other work is hampered. I need to gather everyone, call press and all. It is 2 pm by the time all this gets over. Then I need to see if anything is missing. Sometimes press tells that this work is not proper. You need to do again. That's why my work gets pending."

-District BCC Facilitator

[8] State Programme Management Unit under NRHM

Having established that they perform almost all the activities, it was nevertheless observed that the assessment related activities that are a key part of their key responsibility area are not carried out in a planned manner. Though the activities are performed and data has been generated, any further action for improvement based on the data has not yet been taken. Apart from the SBCC activities, in few districts, the SBCC facilitators were also asked to perform the RTI activities in the district. Thus there does appear to be a situation whereby roles are diluted as demanded by the HR status in the office.

"Sometimes I have harassment when I have work load at a time. If I get to many cuttings. I get letter from….also that sees the cutting and reply. I get paper cutting also. If I have any program then for that also I need to do preparation. If I get any report from senior officer…..I get the report at 2 pm and I have to send it back by 3pm. So I need to collect entire data for that and send it by 3pm."

-District BCC Facilitator

2.3.3. Block Extension Educators

Table 5 : Job Description of BEE

Actual JD	Performance status
Maintenance of Data	
Have information on women and child development, rural development, education, and non-conventional energy programs and activities in the block, and utilize this information for program planning.	Yes
Collect and utilize data about the infant and maternal mortality, crude death and birth, literacy, couple protection and immunization rates and age at marriage at the block level.	Yes
Regularly maintain records of educational programs, daily diaries, and other registers and ensure preparation & display of relevant maps and charts in the PHC.	Yes
Training	
Assist the medical officer – in charge to conduct training of health workers in various schemes.	Yes
In cooperation with local voluntary agencies, organize orientation training for Health and Family Welfare workers, opinion leaders, anganwadi workers, members of women groups, local medical practitioners, school teachers, dais and others involved in health and family welfare work.	Yes
Maintain a complete set of educational aids for his own use and for training purposes.	Not conclusive

Actual JD	Performance status
Inter-sectorial Coordination	
Serve as a member of the local Block Level Family Welfare Committee and act as a resource person.	Not conclusive
Ensure proper functioning of all Family Welfare Committees in the catchment area of the PHC.	Yes
Maintain liaisons with media units of other departments, including those of voluntary organizations. Organize mass communication programs like film shows, exhibitions, lectures and dramas with the help of District Extension and Media Officer.	Yes
IEC Work	
Be responsible for all educational, motivational and communication programs in PHC area.	Yes
Supply and ensure utilization of information and educational material to health workers and development functionaries including those of voluntary agencies.	Yes
Give special attention to resistant couples and drop outs by using problem solving methods/techniques.	Yes
Support, guide, and supervise field workers in the area of information dissemination, education and motivation.	Yes
Adequately tour each health worker's area with a minimum of one night's stay. While on tour, ensure proper utilization of educational material and provide support and guidance to h ealth workers in their educational activities.	Yes.
NRHM	
Educate the community and train ASHAs, anganwadi workers, ANMs, Multi-Purpose Health Workers (MPHWs) and non-governmental organizations (NGOs) regarding NRHM.	Yes

BEE activities are divided into five categories. Apart from SBCC-related activities, BEEs also have to work for the NRHM.

During the interviews, it was observed that most of the BEEs are performing all the activities assigned in their JDs except for the following:

- Maintaining a complete set of educational aids for their own use and for training purposes
- Serving as a member of Local Block Level Family Welfare Committee and acting as a resource person

In some blocks these tasks were mentioned as a part of their daily activities, but in other blocks they were not. Therefore, regular performance of these tasks could not be confirmed based on the study findings.

Additional Observations

Even if the staff are aware of their roles and responsibilities and have been provided a calendar of SBCC activities, they cannot implement any activity without instructions from the state office. Without any instruction about an event, neither the district nor the block officials can implement the activity. This could possibly present bottlenecks in case of delay in communication and also makes it difficult for the ground staff to take initiative in case of local requirements.

> *"I check the emails and the activities going on then I see guidelines on any fortnight or event we have to celebrate followed by the meeting and workshops we have to conduct."*
>
> -District BCC Facilitator

Regarding the communication material, it was found that all such material is delivered from the state office (hard copies) and if in case they ask the district to print, a separate budget has to be allocated to the district to execute the task. The same is then forwarded to the respective block offices and FLWs collect these materials from there to organize a campaign or event.

Targets for FLWs are only program-based. Since SBCC is a cross cutting theme that acts as a support for achieving the health indicator, its targets are linked with the programs itself. Hence, no specific targets are set for SBCC campaigns or activities.

2.4 On-the-Ground Implementation

The most critical aspect of the communication programs is the final on-the-ground rollout. This would include the activities specific to a particular campaign as well as the regular SBCC related activities that are undertaken by field staff. In order to understand the efficacy of these aspects and to gauge the capacities at these levels, frontline health workers, who are the final implementers in most cases, were surveyed to understand the current status. Some key findings from this component are briefly presented here.

Table 6 : Proportion of Working time Dedicated to SBCC Activities (in %)

	All	ANM	ASHA	MPHW
Total Sample (n)	**59**	**21**	**20**	**18**
Less than half	27.1	23.8	40.0	16.7
More than half	72.9	76.2	60.0	83.3
Mean time spent	60	62.9	57	60
Standard Deviation	16.6	18.2	16.3	15.3

Since SBCC is a major part of the roles and responsibilities of FLWs, a majority of them clearly responded by saying that they spend more than half of their working time on these activities, during which they convey messages through individual ad group counselling related to MCH, FP, HIV/AIDS and various health schemes. It must however be understood that their program related activities especially in the domain of MCH encompass several counselling and information provision activities. It is therefore entirely possible that the SBCC related work is skewed towards these programs and activities to the detriment of other program or priority areas. This possibility is borne out from the subsequent findings presented below.

Table 7 : Messages Conveyed during the SBCC Activity (in %)

	All	ANM	ASHA	MPHW
Total Sample (n)	59	21	20	18
Antenatal care (ANC), post natal care (PNC) and other MCH services	86.4	100.0	95.0	61.1
FP	96.6	95.2	95.0	100.0
HIV/AIDS	79.7	90.5	60.0	88.9
Adolescent health	49.2	61.9	55.0	27.8
Various health schemes	71.2	81.0	55.0	77.8
Availability of medical facilities	50.9	42.9	55.0	55.6
Water and sanitation methods	49.2	38.1	20.0	94.4

As can be seen, the messages and programmatic domains mentioned in the previous table are focused more towards certain areas, specifically those with clear programmatic targets for the frontline health workers. A further illustration of skewed focus towards certain areas can be understood from the nature of SBCC activities reported by them.

Table 8 : SBCC-Related Activities Performed on a Regular Basis (in %)

	All	ANM	ASHA	MPHW
Total Sample (n)	**59**	**21**	**20**	**18**
Face-to-face counseling of individuals	100	100	100	100
Counseling in groups	81.4	81.0	75	88.9
Monitoring SBCC-related activities	47.5	52.4	40	50
Meetings and workshops	55.9	57.1	50	61.1
Street play performances	22.0	28.6	15	22.2
Loudspeaker announcements	40.7	38.1	50	33.3

Thus it can be seen that most of the information and communication is conveyed mainly with the help of face-to-face counseling of individuals, followed by group counseling, and also through meetings and workshops. Thus, as is reported by a majority of respondents, their SBCC-related work is focused mainly on individual program related counselling of families. Activities with a wider reach are limited in number if not in impact. Also when asked about whether other program activities get hampered due to their SBCC workload, a majority mentioned that since SBCC is their primary activity, there is no significant effect on other activities.

Summary Findings from Front Line Workers

Some of the findings from the responses of FLWs are mentioned in the points below:

- More than 75% mentioned that supervisors observe the services and activities of FLWs regularly.
- Supervisors also provide regular feedback on all positive and negative aspects of the activities.
- FLWs also mentioned that their regular feedback about field SBCC activities is sought by the block and district officials. FLWs are also invited for dissemination seminars and workshops.
- Communication material is either provided at the sub-center approximately two days prior to the start of campaign, or the FLWs collect it directly from the district office.

- Basic training provided for the orientation of communication material before the start of each IEC campaign.
- Motivation of field staff for difficult or urgent activities is noted as a concern at times. Further, given the centralization of materials preparation, materials are sometimes written in Hindi or English which are not understood by the local people. Infrastructural support was also stated as a concern.

2.5 Coordination Across Levels

Given the parallel structures that work on SBCC, coordination across levels and between various offices in these structures becomes a critical factor in the effective delivery of communication programs and adherence to the core objectives of the overall strategy. Coordination across these institutional levels happens at various stages and during different activities listed below. Thus, there is not only horizontal collaboration (i.e. at the state, district and sub district levels), but also related to activities on which specific offices need to collaborate. These specific activities are:

- Planning process (preparation of PIPs)
- Trainings
- Designing and printing of communication materials
- Organizing of public events
- Monitoring and assessment of activities

The following illustration presents the cycle of processes where coordination happens.

During the planning process, as mentioned in the earlier sections, stakeholders from district and block level are asked to prepare action plans for the year. These independent plans are shared with the state where they are aggregated and finalized. Further, after the approval of this overarching plan and allocation of requisite budgets, various trainings are organized for programs as well as cross-cutting themes like SBCC. It must be noted, however, that trainings specific to effective communication are limited in comparison to program specific trainings which are seen as happening before the start of every campaign. The encouraging aspect is that stakeholders from all the levels, including state, districts, blocks and front line workers, participate in these training programs.

"Printing material etc comes from state and for rest things they send fund that develop this. Whether it is for polio or anything, we have our team and they do all such things."

-Civil Surgeon

The state offices of NHM and DHS design and print communication materials. As mentioned earlier, sometimes the state office provides the designed material and asks district offices to print it with additional funds to execute the task. These communication materials flow through district and block offices to reach the FLWs who use them for SBCC campaigns and organizing various events.

Another task where coordination happens across all the levels the organization of public or special events like World AIDS Day, World Population Day, and World TB Day. These events are, however, organized only when the instructions are received from the state office despite being planned activities that form a part of the annual calendar. Prior to each event, the state office sends a letter instructing the districts to organize the public events. After receiving the letter, district officials instruct the block and block officials then coordinate with the FLWs and local NGOs.

After all these activities are performed successfully, district and block officials visit the field to assess the SBCC activities implemented by FLWs. During these field visits, these officials keep a check whether or not the FLWs have adequate communication materials, whether they are using these materials during the communication process, and whether FLWs are personally visiting the households, schools, and institutions. Also, they solicit feedback from the community about whether the message was communicated properly and whether it was easily understood. There was no mention of any detailed attention given to addressing barriers to change with faciltiators by the FLWs. Apart from assessment activities, these officials also try monitor the FLWs by answering questions they have while performing SBCC activities.

This monitoring and assessment data is further used for improving the planning process for the next period, and the cycle goes on the same way as discussed above. It must be noted here though, that this assessment exercise is limited to the monitoring of logistical inputs and no broader plan for monitoring of output variables and impact evaluation currently exists or is communicated to the ground staff. This aspect will be detailed in the subsequent sections.

2.6 Feedback from Officials

Apart from the findings presented above, some qualitative feedback was also provided by a few of the respondents which is pertinent to understanding the systemic constraints and advantages. This feedback is briefly presented as follows:

- While the lines of communication between various levels are well established, there is room for better coordination among the stakeholders, especially across levels.

- It is understood that the districts receive information about the launch of new schemes and programs from the state office.

- The state provides instructions about the communication calendar, various events to be organized, and training activities to be conducted.

- Downward transmission of information and instructions happens at the time that FLWs are trained, communication materials are provided, field activities are monitoried, and monitoring feedback is shared.

"We receive schedule of activities and co-ordinate with different related departments for e.g. for health day, tobacco day etc. We also co-ordinate & assist the district programs co-ordination with media as well."

-District BCC Facilitator

- There is, however, limited room for feedback collection, upward communication and loop closure. There is a possible need to establish consistent mechanisms to facilitate this. At present this is happening inconsistently across districts.

- There is also a perceived need for establishing a clear chain of command and decision making routes in order to reduce the decision making burden resting with one authority and to facilitate quick decision making and adaptation. This is especially true in case of urgent requirements on the ground, which can get delayed due to insufficient local initiatives and unclear decision making authority on the ground.

2.7 Monitoring and Evaluation

"All our supervisory staffs visit. Like myself, then my zonal officer, SMO. If SMO are not visiting in certain blocks. There was one SMO who was not visiting for one year in any of block."

-Civil Surgeon

As mentioned in the section above, there are no extensive and more importantly no systemic SBCC M&E activities being carried out in Punjab. Some assessment and monitoring activities are being done by the district and block level officials, but this is mainly localized, input oriented, and unstructured. Following are the key findings and observations related to M&E:

- Stakeholders from across all levels are tasked with monitoring of activities.
- Monitoring of activities is taken seriously at the state meetings and plans are prepared during these meetings.
- Supportive supervision is conducted by the state program officers at the DHS and NHM levels - 19 such teams exist with two program officers each.
- These activities are funded by NHM and vehicles have been provided. There have, however, been field-level concerns regarding the adequacy of such resources.
- Monitoring consists of supervision of physical activities, such as getting the evidence and photographs back to ensure that the materials have been used. District and block level officers perform this task regularly.
- Monitoring remains at the input and output level. Lack of evaluation of outcome and impact indicators presents a concern.
- Further a systematic and uniform state-wide protocol for M&E based on predecided indicators that are mapped at regular intervals was not found to be in place and could present a critical gap in terms of judging the best possible use of resources.

2.8 Human Resources

HR are the backbone of any program, especially SBCC programs and awareness raising. As seen in the staff structure of both the NHM and DHS, SBCC staffing has been quite adequate at state and district levels with a total of 11 people (including both NHM and DHS settings) designated at the state level as mentioned below:

NHM Settings

- State Program Coordinator (SBCC)
  - Art and Exhibition expert
  - BCC Facilitator (headquarters)
  - Computer Operator

DHS Settings

- State Mass Media Officer
  - Audio Visual Officer
  - State Health Educator
    - Proof Reader
  - Press Publicity Officer
  - Artist cum photographer
    - Publicity supervisor

The staffing dedicated for SBCC activities at the state level is quite elaborate and takes into account each activity to be performed under the program. Similarly, at the district level, there are around four dedicated positions for SBCC activities. These positions are listed below:

Under NHM Settings

- District BCC Facilitators

Under DHS Settings

- DMEIO
- Deputy Mass Media Education Information Officer (DyMEIO)
- Commercial Artist

Even at the block level, there is a designated SBCC position, namely the BEE.

"I am actually a block extension educator, currently in absence of DMMO in this district, officiating as a DMMO"

-District Mass Media Officer

While interviewing officials at various levels during the field work, it was observed that in a few districts and blocks, a few positions have either not been filled yet or the designated person has been either transferred or resigned for various reasons. In such cases, LHV or their equivalent have been assigned to perform SBCC activities as well. In some districts, the BEE has been assigned the tasks of the DMEIO for another district. This though situational, could be considered indicative of certain regions and might be worth enquiring into for timely resolution of HR needs. The details for the same are mentioned in the tables below:

Table 9 : Actual status of the IEC positions at district level

	DMMOs			District BCC Facilitators		
Districts	Whether in place	Whether Vacant or Occupied	Person officiating	Whether in place	Whether Vacant or Occupied	Person officiating
Mansa	Yes			Yes		
Patiala	Yes			Yes		
Gurdaspur	Yes			Yes		
Muktsar	Yes			Yes		
Nawanshahr	Yes (looking after 2 districts)			No	Occupied	BEE
Hoshiarpur	Yes			Yes (joined 1.5 months back)		
Kapurthala	Yes			Yes (joined 2 months back)		
Ludhiana	Yes			Yes (joined 2 months back)		
Sangrur	Yes (joined 4 months back)					
Pathankot	No	Vacant		No	Occupied	LHV


KINDCARE
Sterivan

The roles and responsibilities of the officiating officer are hampered due to the burden of SBCC activities. For example, in one district, there is no BCC facilitator or DMMO in place, so the LHV has to perform the duties of both positions.

> *"I have shortage of staff at district level because we are just getting work from other persons who are not very trained in designing IEC material or meant for the job. For example I am getting work from any else at district level but there should be some mass media officer at district level. Only then there can be implementation adequately. Similarly in the **block**, there is no BEE, block extension educator and we are just getting work from instructor or other person."*
>
> -Civil Surgeon

At the district level, attrition of BCC facilitators has been reported to be very high due to perceived limited compensation.

> *"They are temporary staffs and they get less salary. So they join other place."*
>
> -Civil Surgeon

A few issues have also emerged from the block and ground level staff in this regard which are listed below:

Block Officials

- Existing LHVs in many blocks are handling the tasks of BEEs
- At the ground level, no dedicated staff are appointed for SBCC activities in some places
- There are reported to be many unfilled vacancies for SBCC positions
- Attrition is reported to be very high

Front Line Workers

- There are not many problems with the resources at the village level. However, health workers are being tasked with many other activities and are not solely looking after SBCC activities.
- All FLWs are coordinating with each other to perform SBCC activities
- Other program activities are also performed in coordination with each other

2.9 Trainings and Related Needs

Program-based trainings were implemented on a regular basis in all districts. The last training specifically on SBCC activities occurred in May 2014, conducted by IHBP. No information on the content of these trainings were provided during the

interviews. This means that there were no SBCC trainings in the four months leading up to the study.

Regular trainings are required for these officials in order to provide orientation to the officials who joined after the training month. Hence, they need induction training on the same. Others have also expressed the need for further training.

These trainings are found to be jointly conducted for officers across levels and across regions. There could be merit in organizing specialized trainings for smaller groups as this would facilitate greater interaction and learning on relevant issues. Even though there is a training calendar prepared under NRHM and circulated to all district officers, these trainings are not conducted until any instruction from the state office is received.

When district-level staff were asked about SBCC trainings, 9 out of 10 said that no training had been provided in the past 6 months.

Trainings of the Ground Level Staff

Trainings are particularly important for implementation staff, as their activities are the lynchpin of effective communication and fulfillment of the strategy objectives. The table below presents the frequency and nature of trainings received by front line health workers.

Table 10: Whether provided any training before IEC campaigning (in %)

	ALL	ANM	ASHA	MPHW
Total Sample (n)	**59**	**21**	**20**	**18**
Only one induction training at the time of initiating the SBCC campaigns	49.2	52.4	55	38.9
One induction training and refresher training before start of each SBCC campaign is provided	37.3	42.9	35	33.3
One induction training is provided ever year	10.2	4.8	10	16.7
No trainings were provided before starting the SBCC campaigns	1.7	0	0	5.6

As can be seen in the table above, trainings for FLWs have not been very frequent since approximately half (49.2%) mentioned that they had received only one induction training during the start of SBCC campaigns. There appears to be little uniformity in training across districts, indicating that a standardized approach is not being followed. Only slighty more than a third of FLWs (37.3%) indicated that they received one induction training during the start of first SBCC campaign and also get refresher trainings before each subsequent campaign.

Table 11: Frequency of the Training Programs (in %)

	ALL	ANM	ASHA	MPHW
Total Sample (n)	**59**	**21**	**20**	**18**
Happens on request from ASHAs and ANMs	11.9	23.8	10	0
After every 3 months	20.3	23.8	10	27.8
After every 6 months	22.0	14.3	35	16.7
Once a year	25.4	14.3	30	33.3
Never happens	3.4	4.8	5	0

Even in terms of frequency of trainings, there were mixed responses, with around 42.3% of FLWs stating that SBCC trainings happened every 6 months or once every three months. Appriximately 12% mentioned that SBCC trainings happen only upon request. Thus there is a need to ensure equal regularity of trainings across the districts. Further, it may be noted that trainings are usually program specific and not solely pertaining to communication do's and don'ts. Such soft skills and communication related trainings might in themselves be useful. These would of course not be a substitute but are to be seen as complementing the program specific trainings already taking place.

Need for Further Trainings

Almost all the stakeholders at various levels including the district, block and FLWs expressed the need for further trainings on SBCC activities. FLWs mentioned that they require frequent trainings on all aspects of SBCC activities. Some of them also expressed the need for training on programs, the

"Trainings should happen after every 3-4 months. We get to learn new things. Training should be there on all the topics."

-District Mass Media Officer

launch of new schemes, and changes in current activities.

Most district level IEC officials (80%) expressed the need for further and frequent SBCC trainings. The table below presents details about the training needs of district-level officials:

Table 12: Compiled views of District IEC officials on training and its requirement (in %)

	DMMOs			District BCC Facilitators		
Districts	**Trainings happened**	**Whether need further training**	**Aspects to be covered**	**Trainings happened**	**Whether need further training**	**Aspects to be covered**
Mansa	No	Yes	Programmatic (along with FLWs and Block officers)	Yes	Yes	
Patiala		Yes		Yes	Yes	
Gurdaspur	No	Yes		-	-	
Muktsar	Yes (last year)	Yes	SBCC, computer training, design of communication materials	No	Yes	
Nawanshahr	No	Yes	SBCC, computer training, design of communication materials	No	Yes	
Hoshiarpur	Yes (but not very frequently)	No		Yes	Yes	Technical (software related)
Kapurthala	Yes	No		Yes	No	
Ludhiana	Yes	Yes		Yes	No	
Sangrur	No	Yes	Computer training			
Pathankot	-	-	-	Yes	Yes	

2.10 Other findings and Observations

- At all levels, officials were found to be quite knowledgeable about their roles and responsibilities.
- In a few districts, there were knowledge gaps due to their recent appointment at their current designation or in SBCC roles.
- FLWs were found to be well versed with implementation protocol since they are the implementators at the ground level.
- At the block level (in some districts), technical knowledge about computer operations was found to be quite low, which affects reporting.
- Approximatly half (50%) of FLWs stated that they have uniform strategies for carrying out SBCC activities with all households.
- Targets for FLWs are set based on the number of villages covered in a month for SBCC activities.
- They also mentioned that SBCC is first in their priority list.
- FLWs receive proper orientation about the use of communication materials.
- District officials are willing to conduct regular field visits, but due to lack resources, they must to restrict them.
- Language was also found to be an issue at the block and village levels, since some materials are printed in Hindi, which is not spoken by the community.

CHAPTER 3: FEEDBACK FROM THE RECIPIENTS

While the key objective of the study was to focus on the state mechanisms and supply structures, it was understood that such an assessment might not be complete without gaining an understanding of on-the-ground perceptions of these activities, specifically from the intended recipients. It was with this in mind that a household feedback component was included in the study. It must be noted, however, that the objective behind this inclusion was to gain a brief overview and indicative understanding of the situation. This was not constructed as a detailed evaluation exercise, nor are the findings presented in this section in any way representative of all activities across the state. Through this exercise, an attempt was made to capture the frequency of reception and retention of communication messages through different media and also to gain a brief overview of the media that are best accessed and most preferred by the people in the sampled clusters.

A total of 30 clusters were selected in 10 districts, providing a total household sample of 240. Among these 240 households, 120 male interviews and 120 female interviews were conducted.

Table 13: Mode of Communication Accessed

Responses (in %)	Myself	At home	Outside home
Total Sample (n)	**240**	**158**	**82**
TV Sets	65.8	53.3	7.9
Satellite dish/cable	47.1	36.3	2.1
Radio (set or on mobile phone)	4.6	3.8	1.3
Mobile phone/cell	65.8	32.1	1.7
Internet access	16.7	2.9	1.3
Newspaper	23.3	12.5	8.3

The majority (more than 65%) of respondents mentioned television as the mode of communication most easily accessed by them in their house or for personal use, followed by mobile phones. More than 80% of respondents mentioned television and mobile phones as the most preferred mode of communication for getting messages about programs and services.

Table 14: Place for accessing the healthcare communication

Responses (in %)	ALL	Male	Female
Total Sample (n)	**240**	**118**	**122**
Bus stand	56.6	59.6	53.6
Rickshaw stand	3.1	3	3.1
Outside the common toilet	4.6	6.1	3.1

Responses (in %)	ALL	Male	Female
Total Sample (n)	**240**	**118**	**122**
Almost everywhere in the village	39.8	37.4	42.3
Common sitting area of the community	14.8	13.1	16.5
Government hospital	13.8	12.1	15.5
Sub-center	1.5	2	1
FLW's	1	2	0
School	1	2	0
Others	1.5	0	3

In terms of recalled and previously accessed healthcare communication, more than half of the respondents mentioned bus stand advertisements. Another 40% of respondents stated that messages about healthcare are conveyed almost everywhere in the village.

Among the total 240 respondents, around 238 could recall the messages conveyed to them in the mode of communication accessed.

Table 15: Recall of IEC Communications/Message content conveyed to them

Responses (in %)	ALL	Male	Female
Total Sample (n)	**238**	**117**	**121**
General healthcare services in village	38.1	37.9	38.3
Organizing of health camps	29.2	29.3	29.2
HIV/AIDS related services	53	59.5	46.7
MCH related services (like ANC, PNC, etc.)	79.7	75	84.2
FP	59.7	65.5	54.2
Launch of new schemes	24.2	27.6	20.8
New government policies	17.8	15.5	20

When asked about the messages conveyed through the channels in Table 15, most (approximately 80%) respondents mentioned that the message was about MCH services. This was followed by messages on FP and HIV/AIDS. Therefore, these specific programs are seen as having the greatest emphasis placed on them. While this in itself is encouraging, care must be taken that this emphasis is not at the expense of other equally important programs.

Table 16: Feedback on clarity of messages

	ALL	Male	Female
Total Sample (n)	**238**	**117**	**121**
Message was clear	65.7	63.8	67.5
Message was not clear	34.3	36.2	32.5

A brief attempt was made to understand whether the last recalled health message was not only recalled but also clearly retained. Around 66% of respondents mentioned that the message conveyed to them about various healthcare services, programs and schemes was very understandable to them, whereas the remaining 1/3rd mentioned that the message was not very clear and difficult to understand. One of the major reasons for this lack of understanding was that in some districts, the communication materials provided to FLWs were printed in either English or in Hindi instead of the local language.

CHAPTER 4: CONCLUSION AND RECOMMENDATIONS

4.1 Conclusion

Overall the state SBCC program is quite effective, with people in the community receiving the messages through channels most preferred by them. FLWs' knowledge about communication programs and messages is a major strength, since they are the backbone for program implementation. They are receiving proper instructions from the block and district level officials in terms of trainings and their field visits for assessment activities.

Coordination at various levels has been happening on a regular basis, with all stakeholders being invited to training programs, seminars, and dissemination workshops. Apart from this, district officials are also involved in the decision making and PIP preparation process, where they provide inputs about the ground level requirements that differ across districts.

Staffing at various levels has also been strength for the system, where each level (except the ground level) has adequate staffing provisions dedicated for SBCC activities. Proper and effective coordination also happens among the NHM and DHS SBCC staff. In a few districts, however, certain positions are vacant and have not yet been filled. Due to this, the existing program staff is assuming SBCC responsibilities as well. Attrition level among the position of District BCC Facilitator has been quite high due to low remuneration and the fact that the job is contractual in nature.

SBCC has always been high on the priority list of the designated staff at all levels, and most of them end up spending more than 70% of their total time performing SBCC activities on daily basis. Most of the appointed staff at district and block levels are well aware of their SBCC duties and perform them on a daily basis.

However, a few gaps remain, as follows:

- Most of SBCC activities are event-based and driven by specific programs. Sustained efforts on issues other than MCH and HIV seem to be limited.

- Currently, the focus of the programme has been heavily on message dissemination versus quality interpersonal communiation. Other components of SBCC like community mobilization and advocacy have not been given a prime focus.

- Event-based SBCC activities are mainly programmatic and driven by programmatic targets. Specific SBCC targets and communication objectives do not exist.

- Frequent transfers and attrition lead to lack of stability in resources, especially at the district and block level.

- There is a lack of adequate SBCC staff at the block level.

4.2 Recommendations

Even though the state SBCC program has many strengths, there still are a gaps that cause implementation bottlenecks. In order to fill these gaps, the study team made the following preliminary recommendations:

Overall Recommendations

- HR issues should be prioritized. For District BCC facilitator position, the attrition rate is quite high due to factors such as low compensation. Steps that could improve retention of staff should be considered as a priority.

- People posted at the institutional structures are not well versed in the technical aspects of the creative tasks required SBCC activities. Hence, creative work should be outsourced to specialised teams and organizations who follow scientific processes and incorporate pretest findings for maximum impact. Similarly, professional agencies should be hired to roll out SBCC campaigns and develop and print communication materials. This ensures the quality of messages conveyed by the front line workers

- A detailed plan for the sustainability of SBCC activities should be prepared, along with a plan for M&E current activities. This will ensure the continuation of SBCC activities.

- Language of the communication material should be simple and easily understandable and adaptable by the community.

- Media, especially mid and mass media, should be utilized to a greater extent, given that more than 90% and 85% of the households surveyed access mobile phones and televisions on a daily basis respectively.

State-Level Recommendations

- Trainings specific to SBCC is a major issue at almost all levels. Regular SBCC training activities for all officials are recommended. District and block level

staff should be oriented on implementation and monitoring while FLWs like ANMs and ASHAs should be given training on IPC and the use of job aids. In addition, every new officer should be given a detailed induction training covering all aspects SBCC.

- M&E mechanisms need to be systemic and structured, focusing on assessment of impact as well as reach and effectiveness of individual communication campaigns. Specific SBCC targets and communication objectives may help assess the performance of ground-level staff and the overall campaign. Examples of such indicators would include the number of print materials distributed (pamphlets, brochures, etc.), number of villages covered by SBCC campaigns each month, number of counseling sessions/seminars/workshops organized each month etc. A regular reporting system should be in place as well. Meetings with DMMOs and BCC Facilitators need to be conducted regularly. Currently, they are operating independently and working in parallel structures.

- Every campaign should have communication objectives in addition to the process indicators related to knowledge, attidues, norms, efficacy, etc.

- Delays are caused by the non-allocation of budgets and fixed timelines; work has to proceed with the aid of local organizations or by pulling in funds from civil hospitals, but this is done on a local basis. Sponsorship from commercial organizations and help from institutions like schools and colleges would be helpful.

District-Level Recommendations

- Currently, there are strong SBCC systems in place at the district level, although there are overlaps in JDs among the parallel structures. Therefore, rationalization of staff duties at the district level may prove beneficial. One district level dedicated staff from the existing cadre can be fully responsible for tracking and monitoring all SBCC activities.

- Periodic coordination meetings should be conducted with program and SBCC staff. Regular feedback from block and FLWs should be gathered through seminars and workshops focused on framing communication for local needs.

Ground-Level Recommendations

- A professional agency should be hired for the designing and creation of the communication material which is to be used for the IEC campaigning at the ground level
- The availability and adequacy of the communication materials at the ground level should monitoried on a regular basis.
- Dedicated staff working on SBCC activities at the Block and District levels would be immensely helpful. Regular trainings focusing on communication related issues should also be provided to the staff, especially on the ground.

ਦਸਤ ਦੇ ਇਲਾਜ ਲਈ

ਜੋੜੀ ਨੰ.1

ਹੁਣ ਦਸਤ ਦਾ ਹੋਵੇਗਾ ਖਾਤਮਾ
ਓ.ਆਰ.ਐਸ.(ORS) ਸੁਰੱਖਿਆ ਅਤੇ ਜਿੰਕ (ZINC) ਸ਼ਕਤੀ ਦੇ ਨਾਲ

ਯਾਦ ਰੱਖੋ ਦਸਤ ਹੁੰਦੇ ਹੀ ਓ.ਆਰ.ਐਸ.(ORS) ਪਿਲਾਓ
ਅਤੇ ਦਸਤ ਬੰਦ ਹੋਣ ਤੇ (ORS) ਦੀ ਖੁਰਾਕ ਦੇਣਾ ਬੰਦ ਕਰ ਦਿਓ।
ਨਾਲ ਹੀ 14 ਦਿਨ ਤੱਕ ਜਿੰਕ ਦਿਓ।

ਨੈਸ਼ਨਲ ਹੈਲਥ ਮਿਸ਼ਨ, ਪੰਜਾਬ

ਦਸਤ ਵਿੱਚ ਜਿੰਕ ਦੇ ਲਾਭ

- ਵਾਰ ਵਾਰ ਬਿਮਾਰ ਹੋਣ ਤੋਂ ਬਚਾਉਂਦਾ ਹੈ।
- ਜਲਦੀ ਠੀਕ ਕਰਦਾ ਹੈ।
- ਦਸਤਾਂ ਦੀ ਸੰਖਿਆ ਵਿੱਚ ਕਮੀ ਆਉਂਦੀ ਹੈ।
- ਦਸਤ ਠੀਕ ਹੋਣ ਤੋਂ ਬਾਅਦ ਟੌਨਿਕ ਦਾ ਕੰਮ ਕਰਦਾ ਹੈ।

14 ਦਿਨ ਤੱਕ ਕਿਉਂ ਦੇਣਾ ਚਾਹੀਦਾ ਹੈ

- ਅਗਲੇ ਕੁਝ ਮਹੀਨਿਆਂ ਤੱਕ ਦਸਤ ਅਤੇ ਨਮੂਨੀਆ ਤੋਂ ਬਚਾਅ ਕਰਦਾ ਹੈ।
- ਜਿੰਕ ਦੀ ਕਮੀ ਪੂਰੀ ਕਰਦਾ ਹੈ।
- ਭੁੱਖ ਅਤੇ ਵਜ਼ਨ ਵਧਾਉਂਦਾ ਹੈ।

ਜਿੰਕ ਦੀ ਖੁਰਾਕ

- 2 ਮਹੀਨੇ ਤੋਂ 6 ਮਹੀਨੇ ਤੱਕ : ਅੱਧੀ ਗੋਲੀ (10 ਮਿਲੀਗ੍ਰਾਮ) ਮਾਂ ਦੇ ਦੁੱਧ ਨਾਲ।
- 6 ਮਹੀਨੇ ਅਤੇ 6 ਮਹੀਨੇ ਤੋਂ ਵੱਡੇ : ਇਕ ਗੋਲੀ (20 ਮਿਲੀਗ੍ਰਾਮ) ਸਾਫ਼ ਪਾਣੀ ਵਿੱਚ ਜਾਂ ਮਾਂ ਦੇ ਦੁੱਧ ਨਾਲ।

ਦਸਤ ਦੌਰਾਨ ਕੁੱਝ ਜ਼ਰੂਰੀ ਨਿਯਮ

ਦਸਤ ਹੁੰਦੇ ਹੀ ORS ਅਤੇ ਜਿੰਕ ਦਿਓ।

ਹਮੇਸ਼ਾ ਸਾਬਣ ਨਾਲ ਹੱਥ ਧੋਵੋ।

ਛੇ ਮਹੀਨੇ ਤੱਕ ਕੇਵਲ ਮਾਂ ਦਾ ਦੁੱਧ ਹੀ ਪਿਲਾਓ ਅਤੇ ਦਸਤ ਵਿੱਚ ਵੀ ਜਾਰੀ ਰੱਖੋ।

ਖਾਣਾ ਪੀਣਾ ਜਾਰੀ ਰੱਖੋ ਅਤੇ ਖੁਰਾਕ ਵਧਾ ਦਿਓ।

ਨਿਯੋਜਿਤ ਪਰਿਵਾਰ ਖੁਸ਼ੀਆਂ ਆਪਾਰ

ਲੰਮੇ ਸਮੇਂ ਤੱਕ ਅਗਲੇ ਗਰਭ ਦੀ ਚਿੰਤਾ ਤੋਂ ਮੁਕਤੀ ਪਾਓ

ਸੁਰੱਖਿਅਤ ਅਤੇ ਆਸਾਨ

ਡਿਲੀਵਰੀ ਦੇ 48 ਘੰਟਿਆਂ ਦੇ ਅੰਦਰ ਆਈ.ਯੂ.ਸੀ.ਡੀ. ਅਪਣਾਓ

ਵਿਸ਼ਵ ਅਬਾਦੀ ਦਿਵਸ

11 ਜੁਲਾਈ 2014

ਪਰਿਵਾਰ ਨਿਯੋਜਨ ਦੇ ਤਰੀਕੇ


ਕੋਂਡਮ


ਗਰਭ ਨਿਰੋਧਕ ਗੋਲੀਆਂ


ਕੋਪਰ-ਟੀ


ਨਲਬੰਦੀ

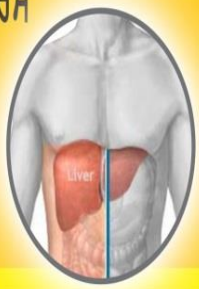

ਨਸਬੰਦੀ

ਨੈਸ਼ਨਲ ਹੈਲਥ ਮਿਸ਼ਨ, ਪੰਜਾਬ

ਵਿਸ਼ਵ ਹੈਪਾਟਾਈਟਸ ਦਿਵਸ

28 ਜੁਲਾਈ 2014

ਹੈਪਾਟਾਈਟਸ ਜ਼ਿਗਰ ਦੀ ਬਿਮਾਰੀ ਹੈ ਜਿਹੜੀ ਕਿ ਵਾਇਰਸ ਕਾਰਨ ਫ਼ੈਲਦੀ ਹੈ । ਇਹ ਬਿਮਾਰੀ ਬਹੁਤ ਖਤਰਨਾਕ ਅਤੇ ਜਾਨਲੇਵਾ ਹੋ ਸਕਦੀ ਹੈ ।



ਹੈਪਾਟਾਈਟਸ-ਏ ਅਤੇ ਈ

ਫੈਲਣ ਦੇ ਕਾਰਨ:-

* ਦੂਸ਼ਿਤ ਪਾਣੀ ਪੀਣ ਅਤੇ ਗਲੇ-ਸੜੇ ਫਲ ਖਾਣ ਨਾਲ।
* ਮੱਖੀਆਂ ਦੁਆਰਾ ਦੂਸ਼ਿਤ ਫਲ ਜਾਂ ਭੋਜਨ ਖਾਣ ਨਾਲ।
* ਬਿਨਾ ਹੱਥ ਧੋਏ ਖਾਣਾ ਖਾਣ ਨਾਲ ।

ਬਿਮਾਰੀ ਦੇ ਲਛਣ:-

* ਹਲਕਾ ਬੁਖਾਰ ਅਤੇ ਮਾਸਪੇਸ਼ੀਆਂ ਵਿਚ ਦਰਦ ਹੋਣਾ ।
* ਭੁੱਖ ਨਾ ਲਗਣਾ ਅਤੇ ਉਲਟੀਆਂ ਤੇ ਅਵਤ ਆਉਣਾ।
* ਪਿਸ਼ਾਬ ਦਾ ਰੰਗ ਗੂੜਾ ਪੀਲਾ ਹੋਣਾ ।
* ਕਮਜੋਰੀ ਮਹਿਸੂਸ ਕਰਨਾ ਅਤੇ ਜਿਗਰ ਖਰਾਬ ਹੋਣਾ ।

ਬਿਮਾਰੀ ਤੋਂ ਬਚਾਅ:-

* ਪੀਣ ਦਾ ਪਾਣੀ ਸਾਫ਼ ਸੋਮਿਆਂ ਤੋਂ ਲਵੋ ਜਾਂ ਪਾਣੀ ਪੁਣਕੇ, ਉਬਾਲ ਕੇ ਠੰਡਾ ਕਰਕੇ ਪੀਓ।
* ਪੀਣ ਦਾ ਪਾਣੀ ਸਾਫ ਭਾਂਡੇ ਵਿੱਚ ਢੱਕ ਕੇ ਰੱਖੋ ਅਤੇ ਪੀਣ ਦੇ ਪਾਣੀ ਵਿੱਚ ਹੱਥ ਨਾ ਪਾਓ।
* ਟੋਭਿਆਂ ਨੇੜੇ ਲੱਗੇ ਨਲਕਿਆਂ ਦਾ ਪਾਣੀ ਨਾ ਪੀਓ।
* ਪਰਿਵਾਰ ਦੇ ਸਾਰੇ ਮੈਂਬਰ ਸਿਰਫ਼ ਪਖਾਨੇ ਦੀ ਹੀ ਵਰਤੋਂ ਕਰਨ। ਖੁੱਲ੍ਹੇ ਮੈਦਾਨ ਵਿੱਚ ਜੰਗਲ-ਪਾਣੀ ਨਾ ਜਾਣ।
* ਗਲੇ-ਸੜੇ ਅਤੇ ਜ਼ਿਆਦਾ ਪੱਕੇ ਫਲ ਨਾ ਖਾਓ।
* ਕੀਟਨਾਸ਼ਕਾ ਦੇ ਡਰੱਮਾਂ/ਡੱਬਿਆਂ ਨੂੰ ਨਹਿਰਾਂ/ਟੋਭਿਆਂ ਵਿੱਚ ਨਾ ਧੋਇਆ ਜਾਵੇ। ਇਸ ਤਰ੍ਹਾਂ ਕਰਨ ਨਾਲ ਇਹ ਪਾਣੀ ਮਨੁੱਖੀ ਵਰਤੋਂ ਯੋਗ ਨਹੀਂ ਰਹਿੰਦਾ।

ਕਾਲਾ ਪੀਲੀਆ-ਹੈਪਾਟਾਈਟਸ-ਬੀ ਅਤੇ ਸੀ

ਫੈਲਣ ਦੇ ਕਾਰਨ:-

* ਨਸ਼ਿਆਂ ਦੇ ਟੀਕਿਆਂ ਦਾ ਇਸਤੇਮਾਲ ਕਰਨ ਨਾਲ।
* ਦੂਸ਼ਿਤ ਖੂਨ ਚੜਾਉਣ ਨਾਲ।ਦੂਸ਼ਿਤ ਸੂਈਆਂ ਦੇ ਸਾਂਝੇ ਇਸਤੇਮਾਲ ਕਰਨ ਨਾਲ।
* ਗ੍ਰਸਤ ਮਰੀਜ਼ ਦੇ ਖੂਨ ਦੇ ਸੰਪਰਕ ਵਿਚ ਆਉਣ ਨਾਲ।
* ਟੂਥ ਬੁਰਸ਼ ਅਤੇ ਰੇਜ਼ਰ ਆਪਸ ਵਿਚ ਸਾਂਝੇ ਕਰਨ ਨਾਲ।
* ਗ੍ਰਸਤ ਵਿਅਕਤੀ ਨਾਲ ਸੰਭੋਗ ਕਰਨ ਨਾਲ ।
* ਲੰਮੇ ਸਮੇਂ ਤਕ ਗੁਰਦਿਆਂ ਦਾ ਡਾਇਲੇਸਿਸ ਹੋਣ ਨਾਲ।
* ਸ਼ਰੀਰ ਉਤੇ ਟੈਟੂ ਬਣਵਾਉਣ ਨਾਲ।
* ਗ੍ਰਸਤ ਮਾਂ ਤੋਂ ਨਵਜੰਮੇ ਬੱਚੇ ਨੂੰ ।
* ਸਿਹਤ ਕਰਮਚਾਰੀ ਨੂੰ ਦੂਸ਼ਿਤ ਸੂਈ ਚੁਭਣ ਨਾਲ।

ਬਿਮਾਰੀ ਦੇ ਲਛਣ:-

* ਬੁਖਾਰ ਅਤੇ ਕਮਜ਼ੋਰੀ ਮਹਿਸੂਸ ਕਰਨਾ।
* ਭੁੱਖ ਨਾ ਲਗਣਾ ਅਤੇ ਪਿਸ਼ਾਬ ਦਾ ਪੀਲਾ-ਪਣ ।
* ਜਿਗਰ ਖਰਾਬ ਹੋਣਾ ਅਤੇ ਜਿਗਰ ਦਾ ਕੈਂਸਰ ਹੋਣਾ।

ਬਿਮਾਰੀ ਤੋਂ ਬਚਾਅ:-

* ਨਸ਼ੀਲੇ ਟੀਕਿਆਂ ਦੀ ਵਰਤੋਂ ਨਾ ਕਰੋ।
* ਸੂਈਆਂ ਦਾ ਸਾਂਝਾ ਇਸਤੇਮਾਲ ਨਾ ਕਰੋ।
* ਸਮੇਂ-ਸਮੇਂ ਤੇ ਡਾਕਟਰੀ ਜਾਂਚ ਕਰਵਾਓ।
* ਸੁਰੱਖਿਅਤ ਸੰਭੋਗ ਅਤੇ ਕੰਡੋਮ ਦਾ ਇਸਤੇਮਾਲ ਕਰੋ।
* ਸਿਹਤ ਕਰਮਚਾਰੀ ਸੁਰਖਿੱਅਤ ਤਰੀਕੇ ਨਾਲ ਕੰਮ ਕਰਨ।
* ਜਖ਼ਮਾਂ ਨੂੰ ਖੁੱਲ੍ਹਾ ਨਾ ਛੱਡੋ।
* ਸਰਕਾਰ ਤੋਂ ਮੰਜੂਰਸ਼ੁਦਾ ਬਲੱਡ-ਬੈਂਕ ਤੋਂ ਹੀ ਮਰੀਜ਼ ਲਈ ਟੈਸਟ ਕੀਤਾ ਖੂਨ ਵਰਤੋਂ ਵਿਚ ਲਿਆਓ।
* ਰੇਜ਼ਰ ਅਤੇ ਬੁਰਸ਼ ਸਾਂਝੇ ਨਾ ਕੀਤੇ ਜਾਣ ।
* ਮੇਲਿਆਂ ਵਿਚ ਟੈਟੂ ਨਾ ਬਣਵਾਏ ਜਾਣ।

ਪਾਣੀ ਨੂੰ ਪੀਣ ਯੋਗ ਬਣਾਉਣ ਲਈ ਨੇੜੇ ਦੀ ਸਿਹਤ ਸੰਸਥਾਂ ਜਾਂ ਮਿਉਂਸਿਪਲ ਕਮੇਟੀ / ਕਾਰਪੋਰੇਸ਼ਨ ਦੇ ਦਫਤਰ ਤੋਂ ਕਲੋਰੀਨ ਦੀਆਂ ਗੋਲੀਆਂ ਮੁਫਤ ਪ੍ਰਾਪਤ ਕਰੋ।

ਵਧੇਰੇ ਜਾਣਕਾਰੀ ਲਈ ਨੇੜੇ ਦੇ ਸਿਹਤ ਸੰਸਥਾਂ ਨਾਲ ਸੰਪਰਕ ਕਰੋ ।

ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ ਵਿਭਾਗ, ਪੰਜਾਬ ।

Improving Healthy Behaviors Program (IHBP)
FHI 360
1825 Connecticut Avenue, NW
Washington, DC 20009
Website: www.fhi360.org or
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